


United States Bankruptcy Court District of Texas		PROOF OF CLAIM	
In re (Name of Debtor) SPECIALTY RETAILERS, INC		Case Number 00-35078-HZ-11	
NOTE: This Form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" of payment of an administrative expense maybe filed pursuant to 11 U.S.C. § 503.			
Name of Creditor Fidelity and Deposit of Maryland (The person or entity to whom the debtor owes money or property)		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Names and Addresses Where Notices Should be Sent Fidelity and Deposit of Maryland 5026 Campbell Boulevard Suite C Baltimore, Maryland 21236		THIS SPACE IS FOR COURT USE ONLY	
Telephone No.			
ACCOUNTS OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 3493		Check here if this claim <input checked="" type="checkbox"/> replaces a previously filed claim, dated: if any previously filed <input type="checkbox"/> amends	
<b>1. BASIS FOR CLAIM</b> <input type="checkbox"/> Goods Sold <input type="checkbox"/> Service performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly) Please see statement of claim attached hereto as exhibit A <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensations (Fill out below) Your social security number _____ Unpaid compensations for services performed from _____ to _____ (date) (date)			
<b>2. DATE DEBT WAS INCURRED:</b> Please see attached		<b>3. IF COURT JUDGEMENT, DATE OBTAINED:</b>	
<b>4. CLASSIFICATION OF CLAIM:</b> Under the Bankruptcy Code all claims are classified as one or more of the following: (1)Unsecured nonpriority, (2)Unsecured priority, (3)Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM. <input type="checkbox"/> SECURED CLAIM \$ Attach evidence of perfection of security interest Brief description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly) Amount of arrearage and other charges included in secured claims above, if any \$ <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM \$ 47,965.50 A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim. <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ Specify the priority of the claim. <input type="checkbox"/> Wages, salaries or commissions (up to \$2,000, earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier) - 11 U.S.C. § 507 (a)(3) <input type="checkbox"/> Contribution to an employee benefit plan - 11 U.S.C. § 507 (a)(4) <input type="checkbox"/> Up to \$900 of deposits toward purchase, lease, or rental of property or services for personal, family or household use - 11 U.S.C. § 507 (a)(6) <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(7) <input type="checkbox"/> Other - 11 U.S.C. §§ 507 (a)(2), (a)(5) - (Describe briefly)			
<b>5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED:</b> \$ 47,965.50 (Unsecured) \$ (Secured) \$ (Priority) \$ 47,965.50 (Total)			THIS SPACE IS FOR COURT USE ONLY
<input type="checkbox"/> Check this box if claim includes prepetition charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
<b>6. CREDITS AND SETOFFS:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes debtor.			
<b>7. SUPPORTING DOCUMENTS:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>8. TIME-STAMPED COPY:</b> To receive an acknowledgement of the filing of your claim, enclose a stamped, self addressed envelope and copy of this proof of claim.			
Date 9/18/00	Sign and print the name and title. If any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  Donna L. Messick, Paralegal/Claims		

United States District Court  
Southern District of Texas  
FILED

SEP 21 2000

Michael N. Milby, Clerk

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to five years, or both. 18 U.S.C. §§ 152 and 3571.